

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Hagopian et al.) Examiner: Leszek B. Kiliman
) Art Unit: 1773
Serial No.: 10/710,801) CUSTOMER NO. 24024
Filed: June 28, 2004	Ć
For: PRODUCT COMPRISING A THIN-FILMED) Confirmation No.: 4809
RADIATION-CURED COATING ON A THREE-) Attorney Docket No.:27475/07709
DIMENSIONAL SUBSTRATE)
Mail Stop Petition	
Commissioner for Patents	

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

PETITION TO AMEND ORDER OF INVENTOR NAMES

This is a petition to change the order of the names of the inventors pursuant to MPEP 605.04(f).

Attached is an Application Data Sheet which identifies the new order of the inventors name.

A check in the amount of \$130.00 as payment of the fee required by 37 C.F.R. 1.182 is enclosed.

Accordingly, issuance of the Letters Patent naming the inventors in the order as set forth on the enclosed Application Data Sheet is respectfully solicited.

08/02/2005 MBERHE 00000034 10710801

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130.00 DP

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Should any additional fees be required, please charge deposit account No. 03-0172.

Respectively submitted,

John S. Cipolla

Attorney for Applicants

Reg. No. 37,597

Application Data Sheet Rage 1 of 6

27475/07709 Customer Number 24024

Supplemental Application Data Sheet

Q / Proge 1 of 6	Customer Number	24024	
Autolication Information Type:	Supplemental Application Data Sheet		
PADEMARY OF			
Application Type:	: Utility		
Subject Matter::	Utility		
Title::	PRODUCT COMPRISING A THIN-FIL RADIATION-CURED COATING ON A THREE-DIMENSIONAL SUBSTRATE	١	
Serial No.	10/710,801		
Filing Date	June 28, 2004		
Petition included	: Yes		

Applicant Information

Applicant Information	
Applicant Assignee 1	
Applicant Authority type::	Assignee
Name::	Master Brand Cabinets, Inc.
City::	Jasper
State::	Indiana
Country::	US
Street of mailing address::	One Master Brand Cabinets Drive,
City of mailing address::	Jasper
State or Province of mailing	Indiana
address::	
Postal or Zip Code of mailing	47546
address::	
addiess	

Applicant Inventor 1		
Applicant Authority type::	Inventor	
Primary Citizenship Country:	United States	
Given Name::	David	
Family Name::	Hagopian	
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State of Province of Residence::	Illinois	
Country of Residence::	us	
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City of mailing address::	Deerfield	
State or Province of mailing	Illinois	
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Postal or Zip Code of mailing	60015	
address::		
Applicant Inventor 2		
Applicant Authority type::	Inventor	
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Family Name::	Song	
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State of Province of Residence::	Ohio	
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City of mailing address::	Chesterland	
State or Province of mailing address::	Ohio	
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Applicant Inventor 3	
Applicant Authority type::	Inventor
Primary Citizenship Country:	United States
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City of mailing address::	Dubois
State or Province of mailing address::	Indiana

City of Residence::

Applicant Inventor 4	
Applicant Authority type::	Inventor
Primary Citizenship Country:	United States
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Family Name::	Barkac
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State of Province of Residence::	Pennsylvania
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City of mailing address::	North Huntingdon
State or Province of mailing	Pennsylvania
address::	
Postal or Zip Code of mailing	15642
address::	
Applicant Inventor 5	
Applicant Authority type::	Inventor
Primary Citizenship Country:	United States
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Family Name::	Campbell

Freeport

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Country of Residence::	US
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City of mailing address::	Freeport
State or Province of mailing address::	Pennsylvania
Postal or Zip Code of mailing address::	16229

Applicant Inventor 6	
Applicant Authority type::	Inventor
Primary Citizenship Country:	United States
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Family Name::	Foukes
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State of Province of Residence::	Pennsylvania
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City of mailing address::	Mars
State or Province of mailing address::	Pennsylvania

Application Data Sheet Page 6 of 6

27475/07709 Customer Number 24024

Postal or Zip Code of mailing	16046
address::	

Correspondence Information

Correspondence Customer Number:: 24024

Representative Information

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LACULACIONESTINA	CHICEAMAR	Niimher·	1 741174
Representative	Cuscomer	nance.	21021

Domestic Priority Information

Application:	Continuity Type:	Parent	Parent Filing
		Application:	Date:

Foreign Priority Information

Not Applicable

Assignee Information

Assignee Name:

Master Brand Cabinets, Inc.

AND 0 1 2000 E	ion Act of 1008	=	inad to sa		nd Tredema	ark Office; U.S. DE	PTO/SB/17 (12-04v2) h 07/31/2006. OMB 0651-0032 EPARTMENT OF COMMERCE	
FEE TRANSMITTAL For FY 2005			espond to a collection of information unless it displays a valid OMB control number Complete if Known					
			Application Numb	Т	10/710.801			
			Filing Date		June 28, 2004			
			_	First Named Inver		Hagopian et al.		
				Examiner Name		Leszek B. Kiliman		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1773			
TOTAL AMOUNT OF PAY	MENT (\$	130.00	ľ	Attorney Docket N		175/07709	. *	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account				Deposit Acco			er & Griswold	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated b	elow		Charge t	fee(s) indi	cated below, ex	cept for the fillng fee	
		(s) or underpayme	nts of fee	e(s) Credit a	ny overpa	yments		
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pald (\$)	
Utility	300	150	500	250	200	100	<u> </u>	
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
							Small Entity Fee (\$) 25	
Each independent cla	im over 3 (ies)			200	100	
Multiple dependent of			360	180				
Total Claims - 20 or HP =	Extra Clair		Fee	Paid (\$)			ependent Claims Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20. Indep. Claims							<u></u>	
3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE	FEE		6	(11 61-1		
If the specification and listings under 37 C								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) x								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Pald (\$)								
Other (e.g., late filing surcharge): Petition to Amend Order of Inventor Names \$130.00								

SUBMITTED BY	/	~ 11		_
Signature	Du Al	intlu	Registration No. (Attomey/Agent) 37,597	Telephone 216/622-8808
Name (Print/Type)	John S. Cipolla	/		Date 7/28/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) en application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.